Ø

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L08477

(6)

C. HALL ENTERPRISES, INC.

FILED Jan 27 1997 8:00am Secretary of State



Pencipal Place of Eusiness C/O CHRISTY C. HALL 8036 PHILLIPS HWY #1 JACKSONVILLE FL 32256		Mailing Address				i (EB)(Bir Bir Beite still Bitte sabit 1881 sabit 1881 eran Albir aran Albir aran Albir sabit sabi			
		C/O CHRISTY C. HALL 8036 PHILLIPS HAYY #1 JACKSONVILLE FL 32256-7468							
	1. 00.00					3. Date Incorporated or Qualified 08/11/1989		te of Last R 26/1996	eport
2. Principal F	Place of Business	2a. Mailing Addres	S			4. FEI Number		Ap	optied For
21		26				59-2971038			ot Applicable
Suite, Apt	#, etc	Suite Apt. #. et	G.			5. Certificate of Status Desired		-	Additional equired
City & Stat	M5	City & State				B. Election Campaign Financing			
23	.v.	28				Trust Fund Contribution		\$5.00 Added	may be to Fees
Zip	Country	Zip	C	ountry		8. This corporation has liability for	intangible	-	
24	25	29	30			Florida Statutes	Yes [□ No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered a	Agent	
HA'	YDEN, CHRISTY C			81	Name				
	96 PHILLIPS HWY #1			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	CKSONVILLE FL 32256								
				83					
				84	City			85 Zip	Code
					·	rporation submits this statement for the	FL		
office or agent. It a SIGNATURE	ani fam :ar with, and abcept the ob∺g 	gations of, Section 607.05	05, Florida S	statute	š.	ation's board of directors. I hereby acce	pt the app	oiniment as	registered
12.	Sequation typica or pretect natural region acting OFFICERS AN	ND DIRECTORS		3.	est signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
IIILE	DPS	DELE		1 TITLE				Change	Addit:o
NAME	HAYDEN, CHRISTY C		1.3	2 NAME					
STREET ADORESS	8036 PHILLIPS HWY #1		1.3	3 STREET	ADDRESS				
011Y+S1+20F	JACKSONVILLE FL		1.4	4 City - S	31 - ZIP				
TILE		☐ DELE	TE 2	1 TITLE				☐ Change	Additio
NAME			2	2 NAME					
STREET ADDRESS			2	3 STREET	ADDRESS				
CITY-S1-Z0F	,			4 CITY -	ST-ZIP				···
1111		☐ DELF	TE 3	1 TITLE				Change	Addilio
NAME			3	2 NAME	i				
STREET ACORESS					ADDRESS				
CITY - ST - 7:5	<u> </u>	T erie		4. CITY-	ST-ZIP			Change	Additio
THE		DELE		1 TITLE				L Change	L_J Additio
NAME	1			2 NAME					
STREET ADDRESS					ADDRESS				
CHTY - S1 - ZAP		T recur		4 CITY-5	ST-21P			Change	Additio
TITLE	1	L OFLE		1 TITLE				- outling	Additio
NAME				2 NAME	4000000				
STREET ADDIFFESS					ADORESS				
CITY - ST - 71P		T OF CE		4 CITY - :	T-ZIP			Change	Additio
TILLE		☐ DELE		1 TITLE				change	L.) Adullo
NAME			The state of the s	MAN S.					
STREET ADDRESS					ADDRESS				
0.15 PT 760	1		.	A CITY-	1 7:0				

14. Too here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficien or prector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

)AN. 21, 1997